

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674768

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		①		1		
6		①		1		
7		①		1		
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		2		2		
13		①		1		
14	1		1			
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16		①		3		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			21			

	★		★		★	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831